

PTO/SB/05 (03-01)

Approved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY **PATENT APPLICATION TRANSMITTAL**

U.S.

Attorney Ducket No. AD6836 US NA First Inventor Reiko Koshida Colored Thermoplastic Resin Compositins For Laser Welding, Specific Neutral Anthraquinone Dyes As colorants Therefor, And Molded Product Therefrom Title

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

				Express mai	Label No.	EF304231895	505			
See MPEP	APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents					ADDRESS TO: Assistant Commissioner for Patents Box Patent Application				
See MPEP chapter 600 concerning utility patent application contents.					ADDRESS 10: Box Patent Application Washington, DC 20231 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATIONS PARTS 9. Assignment Papers (cover sheet & document(s)) 10. 37 C.F.R.§3.73(b) Statement Power of (when there is an assignee) Attorney 11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.					
Contil Papp Contil Prior app For CONTIN under Box 5	nuation Data Sneet und nuation Divis plication information: UATION or DIVISIONAL	ional CFR 1.76: ional Examiner APPS only: The of the disclosure d upon when a po	Continuation-in-par entire disclosure	ly the requisit It (CIP) of the prior allying or divisit advertently o	e information of prior Group pplication, from onal application mitted from th	application N / Art Unit: m which an o n and is here e submitted a	ath or declaration is supplied by incorporated by reference. application parts.			
Name	THUMBER OF BAI CODE LE	anei	239 PATENT TRADE		·					
Address							·			
City			State		Z	ip Code				
Country		Te	lephone			Fax				
Name (Print	Name (Print/Type) William H.,Ha		16 14		gistration No. (Attorney/Ag		41,881			
Signature	(4)	LUL-L	17/10/			Date	13 November 2001			

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PTO/SB/17 (11-01)

Approved for use through 10/31/2002. OMB 0651-0032

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FEE TRANSMITTAL for FY 2001

740

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

Complete If Known Application Number UNKNOWN Filing Date NOVEMBER 13, 2001 First Named Inventor REIKO KOSHIDA Examiner Name UNKNOWN UNKNOWN Group / Art Unit AD 6836 US NA Attorney Docket No.

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)					
					FEE CALCULATION (continued)					
Check Credit card Money Order Other None				3. ADDITIONAL FEES						
☑ Deposit Account:					e Entity		II Entity	_		
Deposit				Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
Account 04-1928			105 127	130	205	65	Surcharge - late filing fee or oath			
Number					50	227	25	Surcharge - late provisional filing fee or cover sheet.		
Deposit Account E. I. du Pont de Nemours and Company					130	139	130	Non-English specification		
Name	is and Company	147	2,520	147	2,520	For filing a request for reexamination				
The Commissioner is authorized to: (check all that apply)					920*	112	920°	Requesting publication of SIR prior to Examiner action		
Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) during the pendency of this application					1,840*	113	1,840*	Requesting publication of SIR after Examiner action		
Charge fee(s) indi	cated below, e	except for the fil	ing fee to the	115	110	215	55	Extension for reply within first month		
above-identified d	eposit account	1		116	400	216	200	Extension for reply within second month	-	
	FFF C	ALCIU ATION	***	117	920	217	460	Extension for reply within third month	-	
FEE CALCULATION					1,440	218	720	Extension for reply within fourth month	-	
1. BASIC FILI				128	1,960	228	980	Extension for reply within fifth month		
	all Entity			119	320	219	160	Notice of Appeal	-	
Fee Fee Fee Code (\$) Cod		Fee Description		120	320	220	160	Filing a brief in support of an appeal		
101 740 201	1.7	Hilib. Clina for	Fee Paid	121	280	221	140	Request for oral hearing		
106 330 206	165 [Utility filing fee Design filing fee	740	138	1,510	138	1,510	Petition to institute a public use proceeding		
107 510 207		Plant filing fee		140	110	240	55	Petition to revive – unavoidable		
108 740 208		Reissue filing fee		141	1,280	241	640	Petition to revive – unintentional		
114 160 214 80 Provisional filling fee			142	1,280	242	640	Utility issue fee (or reissue)			
SUBTOTAL (1) (\$) 740				143	460	243	230	Design issue fee		
				144	620	244	310	Plant issue fee		
2. EXTRA CLAIM FEES					130	122	130	Petitions to the Commissioner	\neg	
Z. EXTRACLAM FI	:63	Extra F	Fee from Fee	123	50	123	50	Processing fee under 37 CFR 1.17(q)	-	
Total Claims] -20 = l		ee from Fee pelow Paid 18 = 0	126	180	126	180	Submission of Information Disclosure Stmt		
Independent Claims		0 x	84 = 0	581	40	581	40	Recording each patent assignment per property (times number of properties)		
Multiple				146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))		
Dependent		×[280 = 0	149	740	249	370	For each additional invention to be	-	
Large Entity 5	Small Entity	_		470	-			examined (37 CFR § 1.129(b))		
	ee Fee ode (\$)	Fee Descrip	<u>tion</u>	179	740	279	370	Request for Continued Examination (RCE)		
103 18 2	03 9	Claims in exc		169	900	169	900	Request for expedited examination of a design application		
	02 42		claims in excess of 3		'			- Sosign application		
104 280 2	04 140		ndent claim, if not paid	Other fe	e (specif	y)				
109 84 2	09 42	original paten								
110 18 2	10 9	** Reissue cla over original	aims in excess of 20 and patent						į	
SUBTOTAL (2) (\$)0										
**or number previously	**or number previously paid, if greater; For Reissues, see above				d by Basi	ic Filina f	ee Paid	SUBTOTAL (3)		

SUBMITTED BY				Co	omplete (if applicable)
Name (Print/Type)	William H, Hamby	. Registration No. Attorney/Agent)	31,521	Telephone	(302)992-3230
Signature	161.01	11/1/1/1		Date	13 November 2001

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